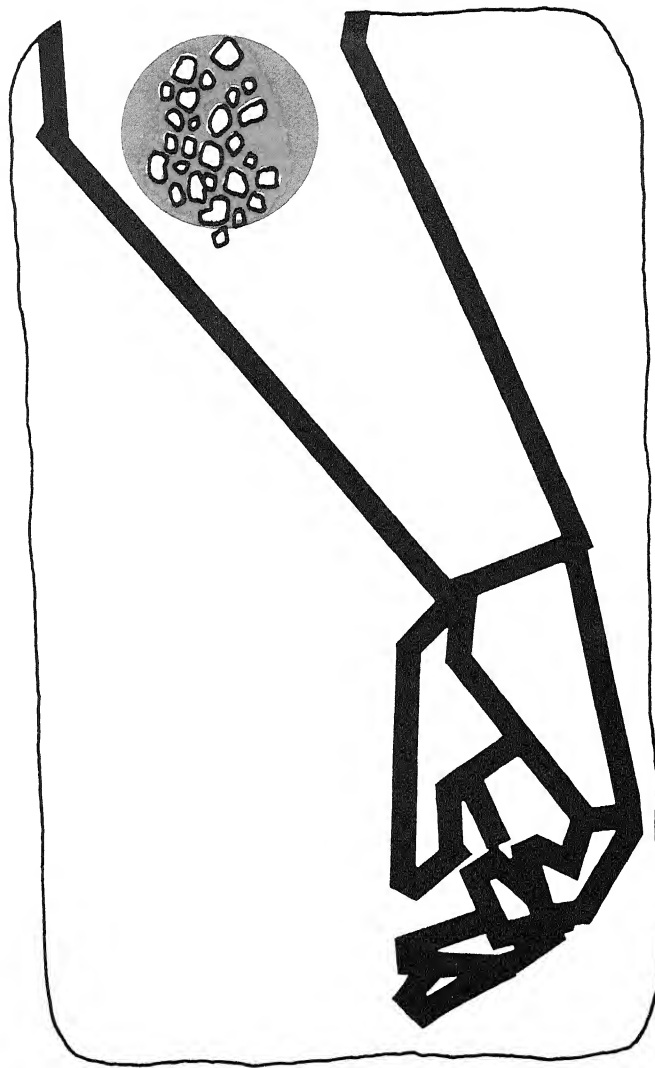


WHAT IS PSORIASIS?

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speeded up and the diseased skin replaces itself every 3 or 4 days. This faster turnover produces imperfectly formed cells which are shed from the diseased areas in large numbers, thus accounting for the asbestos-like scales of the disease.

This abnormal process does not allow for the normal formation of protective surface layers of the skin—which usually act as a barrier against the environment, and which contain a loss of vital tissue substances through the barrier. Lack of this protective barrier further aggravates the formation and shedding of scales, which may lead to cracking of the skin and bacterial infection.

WHAT CAUSES IT?

The cause of psoriasis is unknown. There is some evidence that the disease may be hereditary, but this has not yet been proven conclusively. Body chemistry disturbances have been suspected, possibly acting as triggers in persons whose inherited traits make them more susceptible to the disease. It is also the influence of hormones, since the disease will often clear temporarily during pregnancy. It is also well known that emotional disturbances or stress will aggravate psoriasis.

in this country. Some 150,000 new cases occur annually and 2 to 8 percent of all patients with skin diseases are believed to have psoriasis. Accurate statistics are difficult to obtain, however, because many discouraged patients with this skin disorder forsake medical treatment when, as often happens, immediate improvement does not occur.

WHAT ARE ITS SYMPTOMS?

Psoriasis usually begins gradually, but may come on suddenly, and the individual's general health rarely is affected. Small bright red spots appear—often on the scalp, the elbows or knees, or the lower part of the back, although any part of the skin surface may be affected. The initial spots may be only pinhead size. Soon, the affected area may be covered with sticky-dry scales in thin layers which, when peeled off, reveal a smooth moist surface studded with tiny bleeding points. The spots may increase in size and may combine to form larger and larger patches, some of which produce irregular, sometimes bizarre, patterns as they spread.

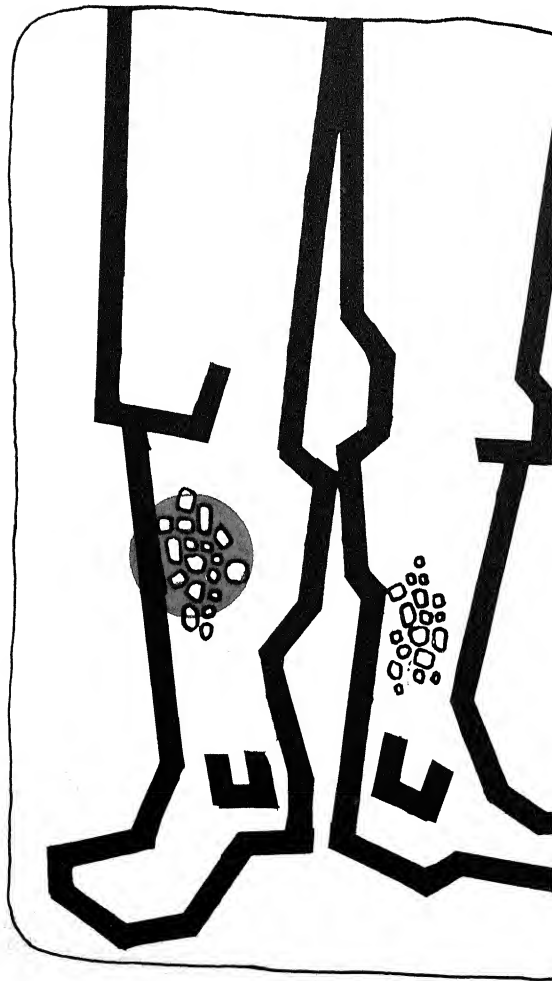
Affected spots often appear at the exact site of a minor injury to the skin, such as a cut, burn or bruise. Attacks may be mild or severe, and the sores may clear up or recur abruptly for no apparent reason. One of the more usual and unfortunate features of the disease, however, is its frequent recurrence throughout lifetime. In many instances, the disease improves in the summer months following exposure to sunlight and recurs in the winter, sometimes with renewed vigor. A few cases, however, will worsen in the summer, a fact which further complicates the search for the cause of psoriasis.

Affected spots on the face are usually small and are not generally located near the ears, eyes, mouth or nose. The nails may sometimes show changes in the form of speckling, punctures and depressions.

Arthritis is a relatively common complication with psoriasis, affecting 8 to 10 of every 100

patients. Sometimes the joint and skin symptoms appear together, but usually the skin follows a long-standing case of psoriasis that affects the joints of the fingers as well as other joints of the body. The relationship between the two diseases is not yet understood.

Psoriasis is not always easy to diagnose and may be confused with several other skin disorders. Some people have been known to treat themselves for psoriasis over a period of years when, in fact, they were suffering from a



ailment that required an entirely different treatment. **Diagnosis and treatment of psoriasis should be left to a physician.**

HOW IS IT TREATED?

Although no cure now exists for psoriasis, many beneficial treatments are available. The method of treatment depends on the area of the body that is affected, the stage of development of the disease, and the response to medication. Modern therapy strives to slow down the rapid growth of cells characteristic of psoriasis in order to allow time for a protective layer of skin to form.

The simplest forms of treatment are advisable initially. Physicians often recommend daily removal of scales with soap and water, followed by application of Vaseline or another lubricant. Mild cases of psoriasis which develop rapidly also often heal rapidly, although the condition may worsen without proper care.

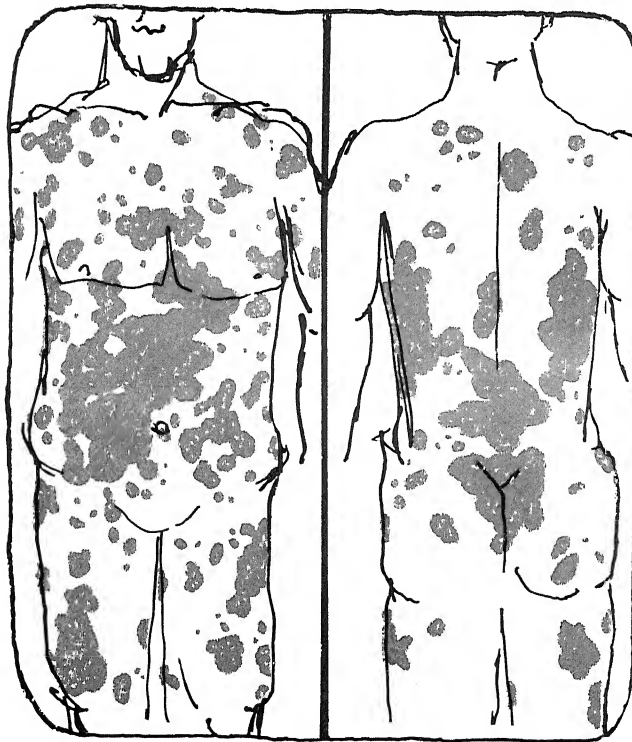
When the scalp is affected a solution containing sulfur and salicylic acid or a tar compound may be applied daily, and the hair may require shampooing several times each week. Salicylic acid aids in removing the scales, while sulfur and tar are believed to promote healing.

When more intensive treatment is needed, one of the safest and most satisfactory is the combination of coal tar ointment and ultraviolet radiation. This form of treatment is most effective for patients in whom the disease is localized. For patients in whom the disease is widespread, the treatment may best be given over a period of several weeks.

Significant progress in the treatment of advanced psoriasis has been achieved in recent years through local applications or local injection of steroid drugs. In the former method the drugs are applied in the form of creams or ointments and then covered with a plastic film for 1 or 2 days. Equally beneficial results have

been obtained by injecting steroid drug preparations, notably triamcinolone, into the site of the affected spots.

Two types of drugs taken by mouth are effective in treating extensive, persistent psoriasis; the steroids, particularly prednisone, and certain antimetabolic drugs, notably methotrexate. These drugs are methods of last resort and only for severe disease, however, as they are potentially dangerous when taken by mouth and, all too often, a severe flare-up of the disease occurs



are discontinued.

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diligent use of medication most cases can be effectively controlled. Many with mild forms of the disease, however, do not take the time necessary to carry out required treatment procedures. A more severe case of psoriasis may actually respond to treatment because the patient works on clearing it. Clearing is usually incomplete; the disease sometimes disappears for months and even years. More often, the fact that psoriasis comes and goes makes it an undesired companion.

§ BEING DONE ABOUT IT?

Primary responsibility for psoriasis research is largely with the National Institutes of Health and Metabolic Diseases, one of the National Institutes of Health in Bethesda, Maryland. In seeking the cause of this skin disease, scientists in Bethesda and scientists employed by the Institute throughout the country are concentrating on study of the various aspects of psoriasis by pinpointing changes in the skin of normal individuals and those with psoriasis.

